

Vermont's Mental Health Block Grant

June 2021





Agenda

- Mental Health Block Grant
 - General Overview
 - Supplemental, ARPA Funding, and Next Steps



Mental Health Block Grant

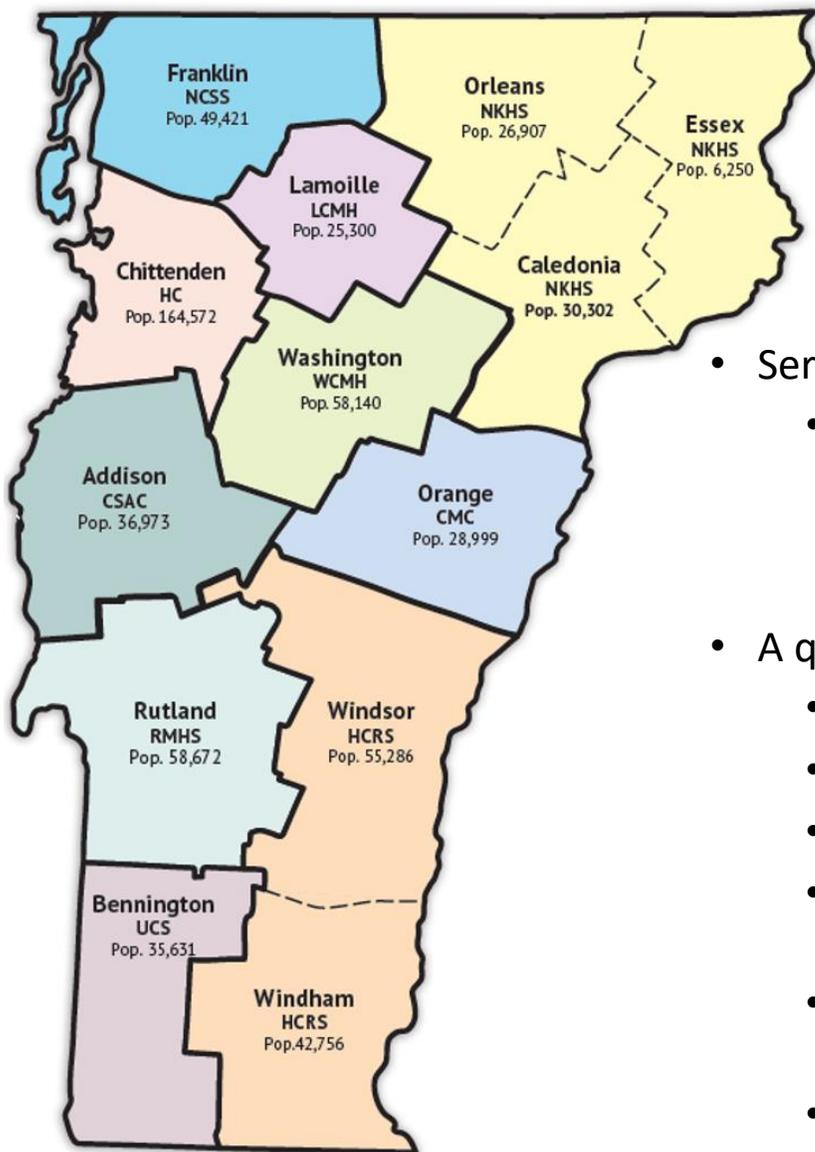
General Overview

What is the Mental Health Block Grant?

- The Mental Health Block Grant (MHBG) is a yearly allotment from Substance Abuse and Mental Health Services Administration (SAMHSA).*
- The Federal Government calculates the grant amount for each State based on a State “score” that is driven by the population of the State. The calculation also considers the:
 - **need** (relative risk for MH problems in the State)
 - **resources** (relative ability of a State to pay for MH services)
 - **cost** (relative cost of MH services in a State)
- The purpose of the Mental Health Block Grant (MHBG) is to:
 - carry out Vermont’s plan
 - evaluate programs and services carried out under the plan
 - coordinate, administer, and educate through the goals in the plan
- States have a yearly allocation on the Federal Fiscal Year (FFY), but two years to expend the funds. Funds may be distributed to local government entities and non-governmental organizations.

* The grant comes from SAMHSA’s Center for Mental Health Services (CMHS), Division of State and Community Systems Development

Who Can Provide Services under the Plan?



- Service Providers
 - Services under the Plan can only be provided through qualified community programs (e.g., community mental health centers, child mental health programs, psychosocial rehabilitation programs, mental health peer-support programs, and mental health primary self-directed program)
- A qualified Community Mental Health centers must provide:
 - Services in a defined geographic area (or service area)
 - Outpatient services
 - 24/7 emergency services
 - Day treatment, other partial hospitalization services, or psychosocial rehabilitation services
 - Screening prior to admission to State mental health facilities to determine appropriateness of admission
 - Access to timely, appropriate, and high-quality mental health services



What must Vermont do?

- Ensure community mental health centers provide services such as screening, outpatient treatment, emergency mental health services, and day treatment programs.
- Comply with general federal requirements for managing grants.
- Form and support a MHBG planning council.
- Submit a plan annually that meets five specific criteria and explains how we will use MHBG funds to support comprehensive, community mental health services to adults with serious mental illnesses (SMI) and children with serious emotional disturbances (SED).
 - Vermont may use funds to support co-occurring substance abuse and SMI/SED



Criteria for Plans

1. **Comprehensive Community-Based Mental Health Systems**

- Describes available services and resources, including services for dually diagnosed individuals
- System of care includes:
 - health and mental health services,
 - rehabilitation services,
 - employment services,
 - housing services,
 - educational services,
 - substance use services,
 - medical and dental care, and
 - other support such as services provided by local school systems, a separate description of case management services and activities leading to reduction of hospitalization

Criteria for Plans

2. **Mental Health System Data and Epidemiology**

- Reports the estimate of SMI and SED in Vermont
- Presents targets to be achieved to the implementation of the plan

3. **Children's Services**

- Plan will provide comprehensive community mental health services
- Provides for the establishment of a defined geographic area
- Provides for a system of integrated social services, educational services, juvenile services, and substance abuse services that (together with health and mental health services) will be provided for children to receive care appropriate for their multiple needs



Criteria for Plans



4. Targeted Services to Rural and Homeless Populations

- Describes the State's outreach to and services for individuals who are homeless
- Describes how community-based services will be provided to individuals residing in rural areas
- Describes the State's outreach to and services for older adults*

5. Program Management

- Describes how State intends to expend grant during the fiscal year involved
- Describes financial resources, staffing and training for mental health providers necessary to implement the Plan
- Describes training for providers of emergency health services with respect to mental health

*not in statute, but a program requirement

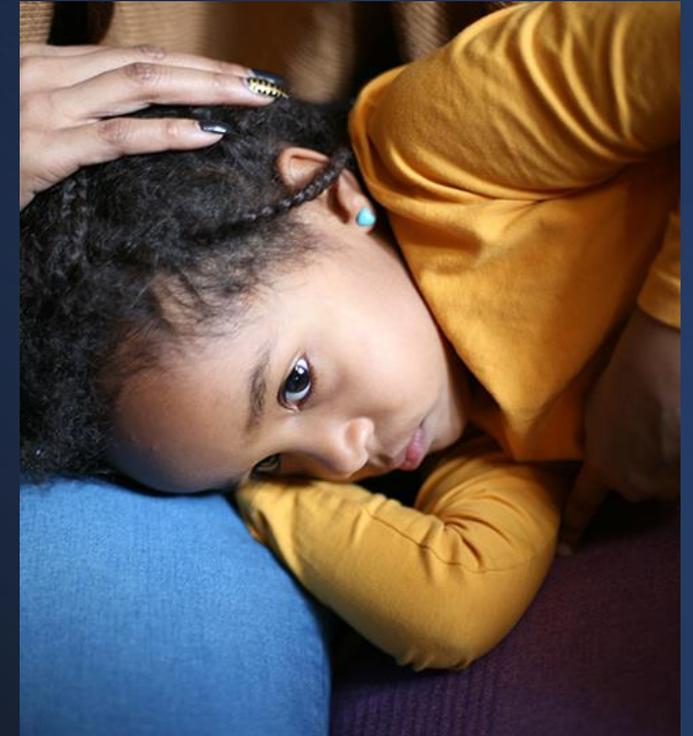
Early Serious Mental Illness (ESMI) & First Episode Psychosis (FEP)

SAMHSA requires 10% of the MHBG to be set aside to support evidence-based programs that provide treatment for:

- early serious mental illness (ESMI) and
- first episode psychosis (FEP)

“.....the funds from set-aside are only used for programs showing strong evidence of effectiveness and targets the first episode psychosis. SAMHSA shall not expand the use of the set-aside to programs outside of those that address first episode psychosis”.

MHBG funds cannot be used for primary prevention or preventive intervention for those at high risk of SMI.



Crisis Services

- SAMHSA requires 5% of the MHBG to be set aside to support evidence-based crisis services.
- Crisis Services should be modeled after *SAMHSA's National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit* which focuses on implementing an integrated and comprehensive crisis care system, including the following essential elements:
 - *Someone to talk to – Regional Crisis Call Center*
 - *Someone to respond – Mobile Crisis Teams*
 - *Somewhere to go – Crisis Stabilization Services*



Restrictions on Use of Funds

Vermont must not expend the grant to:

- Provide inpatient services, residential, or housing
- Make cash payments to intended recipients of health services.
- Be used for primary prevention or preventive intervention for those at risk of SMI or SED.
- Purchase or improve land; purchase, construct, or permanently improve (other than minor remodeling) any building or other facility; or purchase major medical equipment.
- Fund any entity other than a public or private-nonprofit entity.
- Use more than 5% for administrative expenses.
- Satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.





Mental Health Block Grant

COVID Supplemental &
ARPA Funds

MHBG: COVID Changes

SAMHSA is providing Vermont additional funds through the Mental Health Block Grant (DMH) to address the effects of the COVID -19 pandemic for Americans with mental illness and substance use disorders.

Source	Amount	Budget Period
<i>Standard MHBG</i>	1,213,910	Yearly
<i>COVID Supplemental</i>	1,415,844	3/15/2021 - 3/14/2023
<i>American Rescue Plan Act of 2021 (ARPA)</i>	2,445,549	9/1/2021 – 9/30/2025

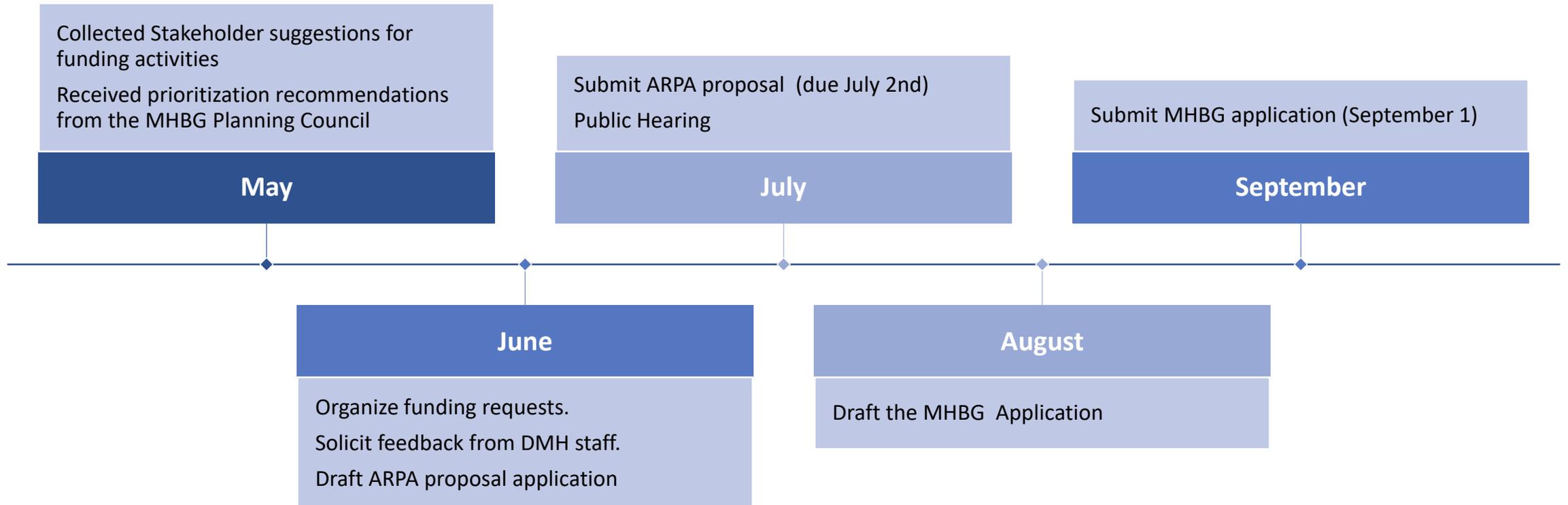
COVID Supplemental

- Operating an “access line,” “crisis phone line,” or “warm lines” to address any mental health issues for individuals;
- Training of staff and equipment that supports enhanced mental health crisis response and services;
- Providing Mental Health Awareness training for first responders and others.
- Hiring of outreach and peer support workers for regular check-ins for people with SMI/SED;
- Improving prison and jail re-entry and providing enhanced discharge from inpatient settings to reduce risks of COVID-19 transmission; and
- Supporting COVID-19 related expenses for those with SMI/SED, including testing and administering COVID vaccines, COVID awareness education, and purchase of Personal Protective Equipment (PPE)

ARPA

- Connecting Suicide Lifeline (9-8-8) systems to other critical emergency response partners, such as Law Enforcement, EMS, health care providers, etc.
- Investing in 24/7 crisis for children
- Increasing outpatient access, including same-day or next-day appointments, for those in crisis.
- Improving information technology infrastructure, including the availability of broadband and cellular technology for providers, especially in rural areas
- Investing in health information technology, such as electronic health records, to improve access to and coordination of services
- Advancing telehealth opportunities to expand crisis services for hard-to-reach locations, especially rural and frontier areas.
- Expanding technology options for callers, including the use of texting, telephone, and telehealth.
- Implementing an electronic bed registry.
- Supporting crisis and school-based services for children with SED.
- Developing medication-assisted treatment (MAT) protocols to assist children and adults who are in crisis.
- Expanding Assisted Outpatient Treatment (AOT) services.
- Developing outpatient intensive Crisis Stabilization Teams.
- Providing Technical Assistance.

Stakeholder Timeline & Next Steps



Questions?

